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ABSTRACT

The paper, part of videotape presentation, highlights certain issues involved in a modeling approach to educational therapy for hearing impaired infants and their parents at the Lexington School for the Deaf (Jackson Heights, New York). Through the use of play and modeling techniques, the educational therapist encourages parents to interact and form bonds with their children through appropriate and satisfying channels. Important aspects of the program include parents' discussion of feelings regarding the child and his deafness: creation of an optimal environment for infants in which to learn: and play as a vehicle for developmental tasks in the areas of self awareness, separation, and mastery. (SB)

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USING PLAY TO PROMOTE

PARENT-INFANT BOND AND CHILD DEVELOPMENT

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In this presentation we wish to highlight certain issues involved in an approach used with hearing-impaired infants 0-3 years and their parents at the Lexington School for the Deaf in Jackson Heights, New York.

Naturally, due to time limitations we cannot go into the detail that we feel is necessary for a thorough understanding of the program model. For those of you interested in gaining more access to the philosophies and techniques of the modeling approach we have prepared a bibliography of pertinent readings.

The Lexington School for the Deaf Infant Center was first established in 1961. The program model has evolved from one which originally maintained a tutorial service where parents were not actively involved to a demonstration approach with minimal parent involvement.

Since 1971, the program has adopted the use of modeling techniques. One basic principle upon which the Infant Center operates is the belief that a healthy mother-child bond is the foundation for successful communication development. Learning that one's child is deaf can greatly affect this bonding. The educational therapist has a distinct role which is aimed at promoting the mother-child dyad, and equipping the mother with skills to foster her child's communication.

Through the use of modeling techniques, the therapist encourages each parent to interact with her child through appropriate and satisfying channels. Mother, infant, and educational therapist interact in a free flowing play atmosphere.

Specific techniques for speech, language and auditory skill building can be freely adapted by the mother to her own particular style since the educational therapist does not decide how the parent must act to accomplish specific goals.

The educational therapist does, however, channel the parent through this learning process by providing positive reinforcement, direct modeling, and individualized readings and discussion to nuture optimal language and developmental experiences for the child.

Working within the framework of the modeling approach allows the teacher to view the mother-child team interacting spontaneously. These observations lead to formulation of intervention objectives. Often by modeling more appropriate behaviors such as giving the child an acceptable avenue to express aggression rather than hitting mommy, the mother learns in an indirect and non-threatening way how she can better relate to her child.

Discussing feelings revolving around the child and his deafness is a most important aspect of the Infant Center. Because sessions are set up to meet the needs of both members, the mother is encouraged to express her feelings at all times. Unlike some program models where the mother is given the last few minutes of the session to discuss issues with the teacher, the modeling approach affords the mother the opportunity to bring up her concerns when she is ready.

Along with stimulating mutually satisfying interactions between mother and child, the educational therapist must also create an environment for optimal learning to take place. One's view of children as learners directly influences a teacher's choice in setting up this environment.

Two tapes will now be presented which demonstrate how the child can be viewed in two different learning settings. Please also observe how very different the mother's and teacher's roles are in each tape.

(Videotape shown of two year old hearing-impaired child working at a table with educational therapist using teacher-directed activities. Mother sits to one side.)

The teacher's focus here is on the child learning specific skills in a prescribed sequential order. Actively engaging the child is largely contingent upon positive and negative reinforcements. The mother's participatory role is that of passive observer with the teacher demonstrating skills in various areas so that the mother in turn can teach her infant at home. Very little, if any,

of the mother's knowledge of her infant's learning style is incorporated into the teacher's lessons.

This first tape has presented teacher-initiated activities introduced to the child in the attempt to meet pre-determined objectives. The child shows success in various areas largely as a result of negative reinforcements. The child completes the task of correctly choosing a puzzle piece only by numerous corrections made by the teacher. Her attention wanders, but she is consistently brought back to the teacher's itinerary. The child looks to her mother for support in this stressful situation, but the mother's role of non-participant has already been established. In this model, the mother's participation is limited to two different roles; that of observer and that of disciplinarian. An uncomfortable situation is set up where the mother feels obligated to threaten her child with leaving if the child does not participate in the teacher's activity. Frequent admonitions from the teacher combined with threatening input from the mother result in the child herself refusing to participate -- a negative aura permeates the air. In such an environment, language learning cannot be a mutually satisfying experience for mother and child. It is doubtful that either are learning effectively in this restrictive setting.

(Second tape shown portraying two year old hearing-impaired child, mother, and educational therapist interacting together in a primarily child directed atmosphere.)

In this second videotape the teacher has an understanding of specific objectives to be worked on. Rather than solely initiating activities to meet these student objectives, the teacher moves with the child in his self-initiated play, encouraging and expanding upon his activity, knowing when to withdraw and allow the child to actively seek out and explore independently.

• Observe how the mother's role is quite a different one from Tape #1.

The second tape captures a mood which is quite different. Mother and child are in sync and the teacher's objectives are being met. The child is able to follow many verbal questions directed by both mother and teacher and uses spontaneous language appropriately. While allowing the mother to take the lead, interacting with her child in her own style, the teacher is still able to unobtrusively model appropriate behaviors to the mother in a non-threatening way. The teacher provides additional linguistic input by expanding upon this hearing-impaired mother's verbalizations. Through the use of the modeling approach, the therapist assumes the role of partner with the mother. She reinforces the mother's positive moves towards her child, pointing out for example, how he plays so nicely with Mommy. In subtle ways such as directing the child to ask Mommy for help in pulling blocks apart, the teacher furthers the goal of promoting interactions between mother and child. This is a <u>first</u> step in fostering communication.

When the child leads us through his world he shows us what he knows and feels about his environment through his play. Play serves as a vehicle for the parent and teacher to guide the child through various developmental areas.

We have focused on the mother-child dyad as the crucial interaction in our program. We will now elaborate more on the importance of play as a vehicle for building communication and fostering total development.

Play is the work of the child. The tasks of the first three years of life are monumental and far-reaching. We learn who we are, we learn how to stand alone as independent human beings, and we learn to master our environment -- or we fail to learn these things.

Our natural allies in the developmental tasks of self-awareness, separation, and mastery are our parents. In the Infant Center at Lexington School, we seek to provide an atmosphere where the alliance of parent and child can use the field of play to conquer developmental hurdles, which are just that much harder for the handicapped infant.

Self-awareness involves language and body image. We help a child learn his name, his sex, his place in the family, through play. We provide active experiences that mirror what happens to his body -- making earmolds, changing diapers, feeding and sleeping are played out. The child explores what goes in and what comes out with toys that capture the magic of his own experiences. The mirror reflects his image. He learns to accept the hearing aid as a vital part of his self-hood.

Separation is another major developmental task of infancy. "Hold them very close, then let them go," we are advised. Peek-a-boo and hiding games facilitate the early phase of separation. Later, toddler play groups provide an atmosphere where mommy is available in the next room but the child is encouraged to join the group's activities. We exploit our long hallway as a "classroom" where the baby can move away from mommy, yet keep her in sight. We also utilize this time to develop the auditory skill of listening at a distance.

The struggle for independence of the under-three has its "dark" side. In the Infant Center playroom, toddlers can safely express aggression, anger and negativism. It is designed to facilitate exploration, to enhance curiousity.

Mastery involves actions as well as feelings. Teacher and mom are proud of the accomplishments of postural control of the multiply handicapped infant and of the deaf child going through the normal developmental sequence. Learning to take care of one's own needs takes practice. Snack and toileting are not interruptions but the very heart of activity in the Infant Center. Socialization is another area to be mastered.

We are concerned with the whole child. Language development includes, "Let's wash up", "ooh, that thumb tastes good", "Jump, Michael, jump, jump", for communication is not someone else's vocabulary list but a sharing of feelings, needs, ideas.

It looks like we're just playing. It is a free-flowing, ever-changing atmosphere and it is just the environment that babies thrive on. Identity, independence, autonomy - the world responds to the infant and the infant steps out to communicate with the world.

Using Play to Intervene With Handicapped Infants and Their Families

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BIBLIOGRAPHY

Bee, Helen L., et. al. "Social Class Differences in Maternal Teaching Strategies and Speech Patterns". Developmental Psychology, Vol. 1, No. 6 (1969): pgs. 726-734.

Bromwich, Rose. "Focus on Maternal Behavior in Infant Intervention". American Journal of Orthopsychiatry. (1976): pgs. 439-446.

_____ "Stimulation in the First Year of Life? A Perspective on Infant Development". Young Children. (January 1977): pgs. 71-82.

Bruner, J.S. "The Ontogenesis of Speech Activities". Journal of Child Language. 2 (1975): pgs. 1-19.

Child Study Association. Behavior: The Unspoken Language of Children. Child Study Press. New York. 1967.

Engstrom, Georgianna (ed.) Play: The Child Strives Toward Self-Realization. NAEYC. Washington, D.C. 1971.

Garvey, Catherine. Play. Harvard University Press. Boston. 1977.

Gonzalez-Mena, Janet. "What is a Good Beginning?". Young Children. (March 1979) pgs. 47-53.

Lewis, Michael, and Leonard Rosenblum. The Effect of the Infant On Its Caregiver. John Wiley & Sons. (1974). New York.

Ling, Daniel and Agnes Ling. Aural Habilitation: The Foundations of Verbal Learning in Children. Alexander Graham Bell Assoc. for the Deaf. Washington,D.C. (1978)

Sponseller, Doris (ed.) Play as a Learning Medium. NAEYC. Washington, D.C. (1974).

Schaffer, Rudolph. Mothering. The Developing Child Series. Harvard University Press. Massachusetts. (1977): pgs. 61-77.

Simmons-Martin, Audrey and Donald R. Calvert (ed.) Parent-Infant Intervention: Communication Disorders. Grune and Stratton. New York. (1979).

White, Burton and Jean Watts. Experience and Environment: Major Influence on the Development of the Young Child. Vol. 1. Prentice-Hall, Inc. New Jersey. (1973).